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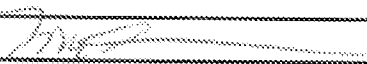
Total Number of Pages in This Submission

Application Number	09/740,284
Filing Date	December 19, 2000
First Named Inventor	Fernando Carlos Pereira, et al.
Art Unit	2654
Examiner Name	Paul V. Harper
Attorney Docket Number	2000-0102

**ENCLOSURES** (Check all that apply)

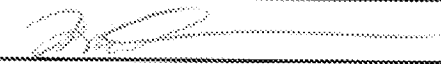
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|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
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| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              | <input type="checkbox"/> <del>Notice of Appeal</del>                                    |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               | <input type="checkbox"/> RCE  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <input type="checkbox"/> Remarks _____                                    |   |
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or individual name	Thomas M. Isaacson, Reg. No. 44186
Signature	
Date	March 2, 2006

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Thomas M. Isaacson		
Signature		Date	March 2, 2006

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